

Access Monitoring Review Plan – 2016

Alabama

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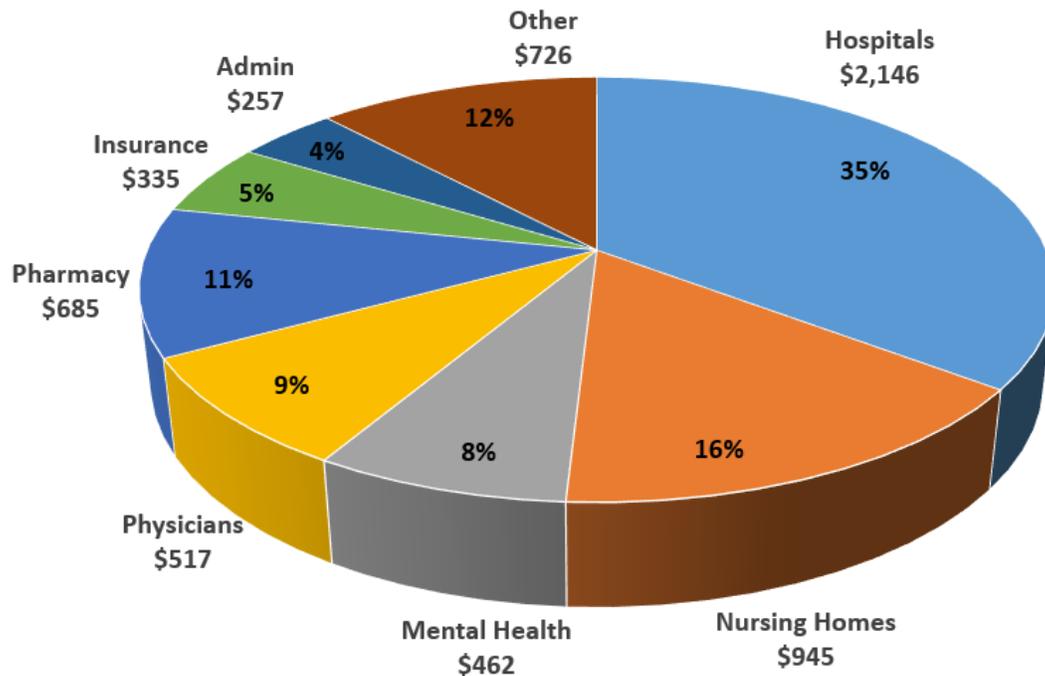
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Overview

The Alabama Medicaid Agency (“Medicaid”), is a single state agency which began operations on January 1, 1970, as a state/federal program that pays for medical and long-term care services for low-income pregnant women, children, certain people on Medicare, disabled individuals and nursing home residents. The individuals must meet certain income and other requirements.

In fiscal year 2015, the Medicaid program provided coverage to approximately 1.3 million enrolled recipients with benefit payments and administrative costs approximately \$6.1 billion.

Figure #1 Benefit Payments and Administrative Cost (in millions)

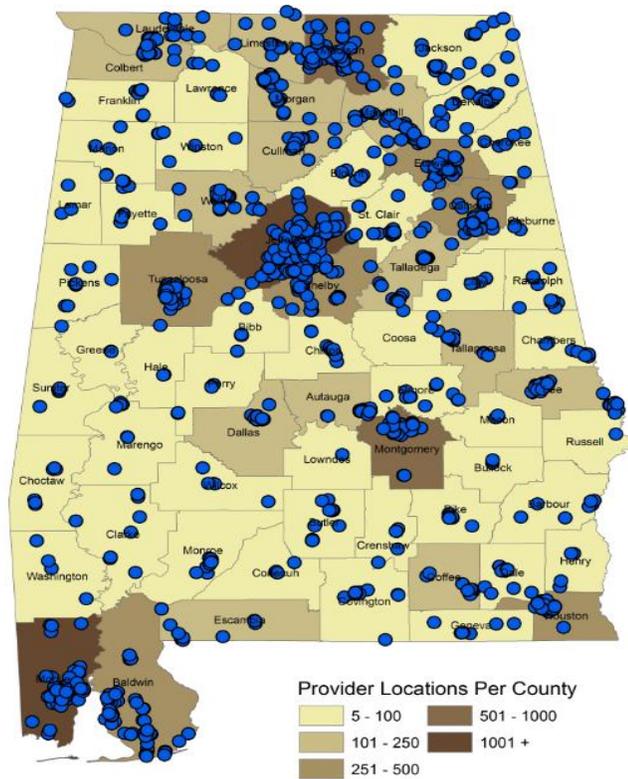


As shown in Figure #2 Medicaid served recipients aged, disabled and blind, children and other categories in fiscal year 2015.

The total state population in for Alabama for fiscal year 2015 was 4,858,979. Alabama continues to have options for Medicaid recipients to receive healthcare. General hospitals included: 46 private, 42 public, and 3 state owned bringing a total of 91 hospitals throughout Alabama. Provider Based Rural Health Clinics (38) and Federally Qualified Health Centers (125) and Independent Rural Health Clinics (66) deliver services throughout the state. Alabama reports 10,600¹ in-state physicians. 7,250 physicians participated in Medicaid.

¹. Provided by Alabama Board of Medical Examiners as of June 2015. Excludes Alabama licensed physicians with an out-of-state address and physicians older than 70 years of age.

Figure #2 Locations² of Where Physicians Provided Services



Medicaid measures and monitors indicators of healthcare access through surveys such as Consumer Assessment of Healthcare Providers and Systems (CAHPS), meeting minutes with providers and stakeholders, comparison of claims data, provider enrollment documentation, and annual reports on chronic health and diseases generated from health organizations, partnering agencies, other states and researchers. Additionally, Medicaid offers recipients a range of options to submit questions, report concerns through a toll free telephone number, eleven (11) district offices throughout the state of Alabama, a Medicaid eligibility worker in nearly all county health departments, and/or online through direct email address to webwork@medicaid.alabama.gov. Medicaid expects these data sets to evolve over time as access to information becomes more readily available.

An example of how Medicaid is committed to working with the general public (providers, other public payers) is demonstrated by the participation with the Alabama Chapter of the American Academy of Pediatrics (“Pediatric Council”). The Pediatric Council meets quarterly and in addition to Medicaid and the pediatric physician and practice management leadership in the state, other participants include Blue Cross Blue Shield of Alabama (BCBS), the largest commercial insurer in Alabama, and Alabama Children's Health Insurance Program (ALL Kids). Pediatric Council agendas include the most recent concerns/issues of the pediatricians/practice managers in the state and allow Medicaid, BCBS, and

² Includes locations of Federally Qualified Health Clinics and Rural Health Clinics

ALL Kids opportunities to keep the pediatric providers up to date on their programmatic, funding, coding, coverage, and other changes. This open communication and exchange between the providers, Medicaid, BCBS, and ALL Kids helps to ensure citizens in the state of Alabama continue to receive the necessary medical services they need.

Medicaid developed an access review monitoring plan (“the plan”) for the following service categories provided under a fee-for-service (FFS) arrangement:

- Primary care services, Dental, and FQHC
- Physician specialist services
- Behavioral health services
- Pre- and post-natal obstetric services, including labor and delivery
- Home health services

The plan describes data that will be used to measure access to care for recipients in FFS. The plan considers: the availability of Medicaid providers, utilization of Medicaid services, and the extent to which Medicaid recipients’ healthcare needs are being met.

The plan was developed during the months of January through August 2016 and posted on the state Medicaid agency’s website from August 24, 2016 through September 24, 2016 to allow for public review and comment. Furthermore, an overview of the plan was presented to the Medical Care Advisory Committee during the August 24, 2016 meeting. Input from the public notification period serves as an important influence on the final conclusions and recommendations going forward for Medicaid.

Based on the number of in-state physicians, and analysis of the data and information contained in the plan show Alabama Medicaid recipients have adequate access to healthcare.

Medicaid will continue to pursue obtaining data over the coming months and years to be able to compare access for Medicaid recipients to the general population. The data is not available for the plan.

Data Sources

Medicaid provider enrollment system
Medicaid claims payment data (MMIS)
Results of CAHPS survey (access-related questions)
Medicaid recipient enrollment system
Code of Federal Regulations (CFR)
Alabama State Plan
Alabama Medicaid Agency website

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Medicaid Recipient Population

In fiscal year 2015, Medicaid provided coverage to approximately 1.3 million enrolled recipients. Approximately 62% of these recipients are enrolled in managed care primarily through a Primary Care Case Management (PCCM); however, their services are paid through fee-for-service. An additional 16% are fee-for-service and not part of a PCCM. This 78% receiving care through fee-for-service primarily include disabled, children and other categories. The remaining 22% of enrolled recipients have partial eligibility or have Medicare as primary insurance.

Figure #3 Medicaid Eligibility Percentage by Categories Served

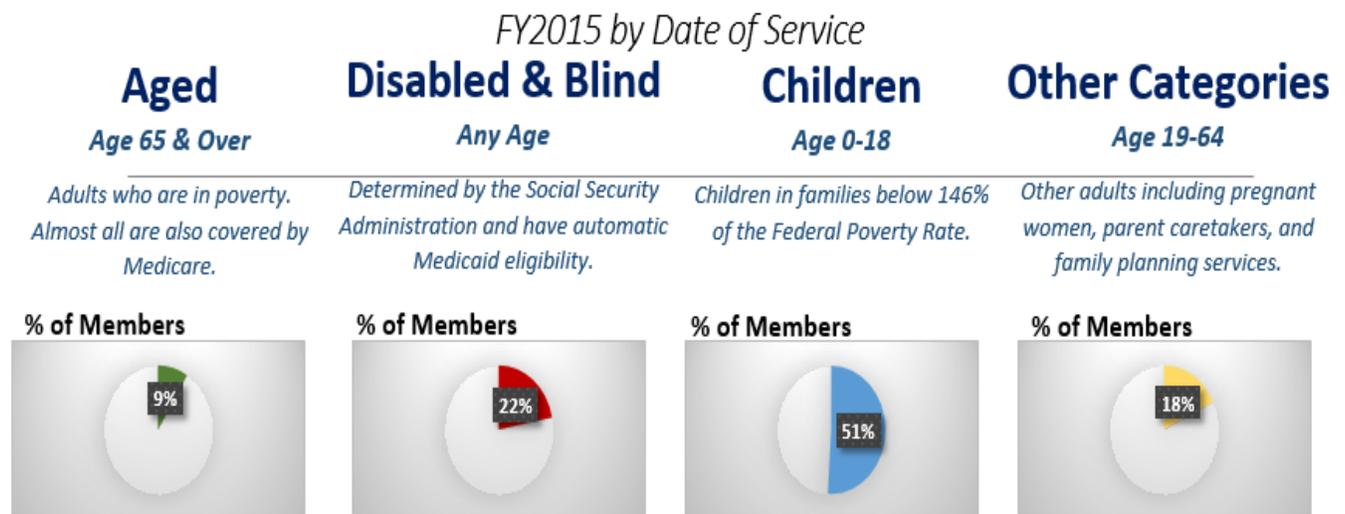
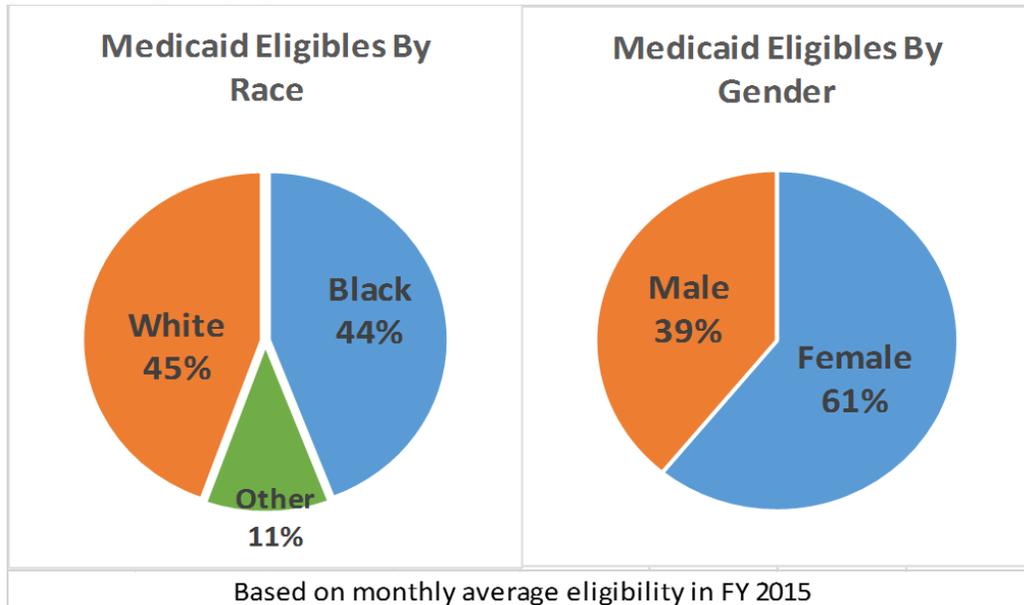


Figure #4 Medicaid Eligibility by Race and Gender



Medicaid Recipient Call Center

Medicaid outsources a recipient call center to provide recipients assistance with their healthcare needs. Each recipient’s Medicaid card includes the toll-free number for the call center to ask questions and/or raise concerns regarding their Medicaid coverage. In addition, a recipient can seek assistance with locating a Medicaid provider. At the recipients’ request, the call center may help schedule an appointment with a Medicaid provider. The recipient call center serves as a resource for general Medicaid questions. The recipient call center operates daily from 8 am – 4:30 pm central time and utilizes a messaging service after hours which includes an Automated Voice Response Systems (AVRS). On a quarterly monthly basis, a report is produced with the number of calls received, abandoned, answered calls, delay time, talk time, and abandoned time rate averages.

Figure #5 Sample of the Calls Received Report for June 2015

Calls Received

	6/1	6/2	6/3	6/4	6/5	Total
Calls Answered	1581	1399	1592	1428	1435	7435

	6/8	6/9	6/10	6/11	6/12	Total
Calls Answered	1881	2010	1814	1722	1641	9068

	6/15	6/16	6/17	6/18	6/19	Total
Calls Answered	1784	2078	1979	1808	1659	9308

	6/22	6/23	6/24	6/25	6/26	Total
Calls Answered	1737	1974	1048	1865	1436	8060

	6/29	6/30				Total
Calls Answered	1856	1888				3744

Medicaid is dedicated to ensuring high quality service through the recipient call center. All calls are recorded. Call monitoring is conducted monthly with random call selection. All complaint calls are reviewed at the time of receipt for the complaint. Complaint calls are done outside of the standard monthly call monitoring.

An evaluation form is used to guide the review of a recipient call. Standards for review include:

1. Answering the call
2. Problem solving
3. Processing and procedures
4. Courtesy and professionalism, and
5. Closing the call.

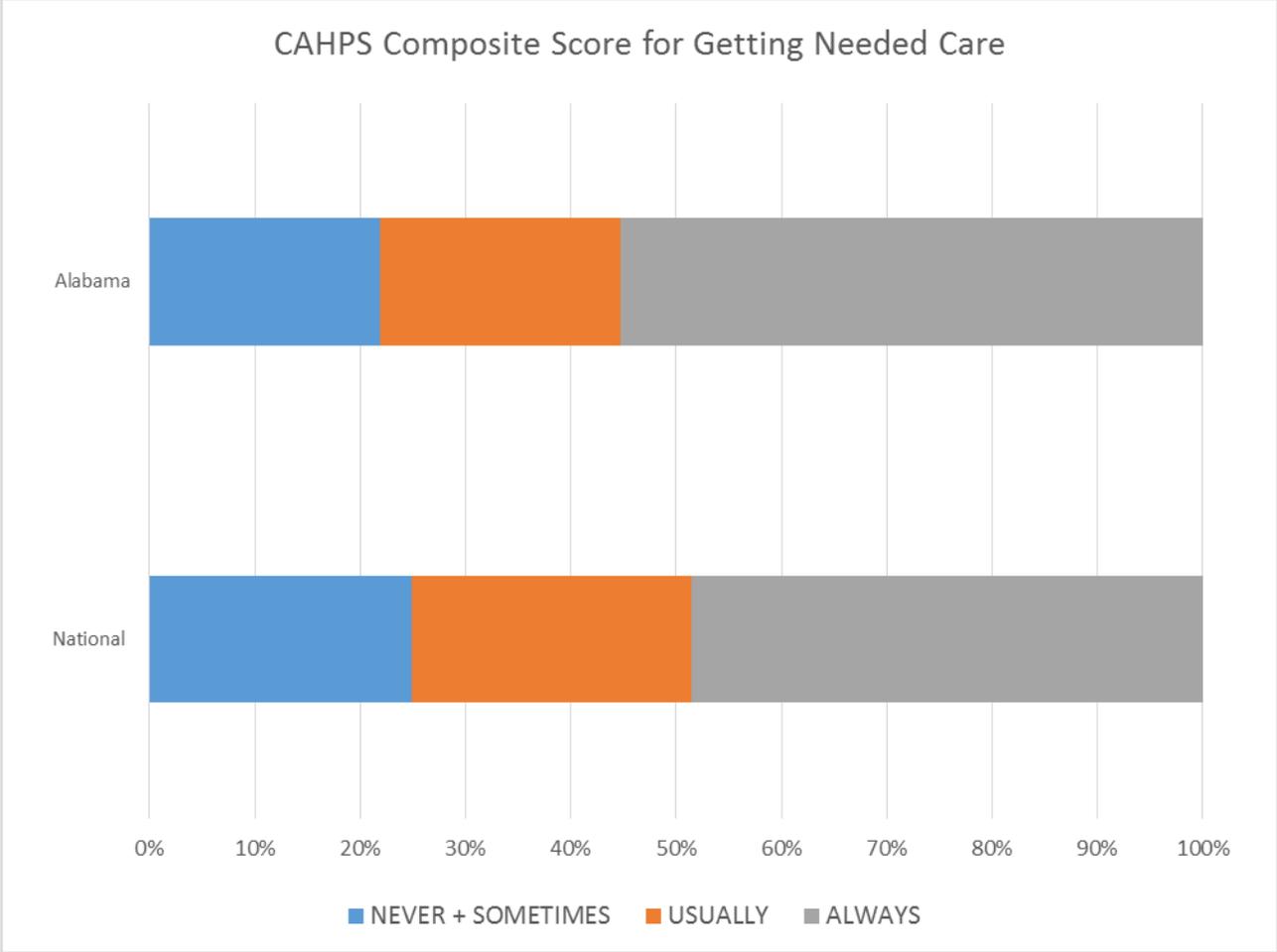
The evaluation is expected to result in at least a 96% accuracy. In absence of the 96%, the recipient call center team lead follows up with coaching or additional training.

For purposes of the plan, Medicaid examined call logs for June through December of 2015. For this time period, the recipient call center experienced consistent call volume.

Recipient Perceptions of Access to Care

Medicaid began conducting a CAHPS survey with recipients in 2016. Results from this survey are not yet available. However, the CMS Adult CAHPS survey conducted in 2015 presented the following results:

Figure #6 CAHPS Composite Score



As shown in Figure #6, over 78% of Medicaid recipients feel they “always or usually have access to the care they need” (compared to the national average of 75%).

Figure #7 CAHPS Physician Specialist Recipient Response



Figure #7 illustrates that approximately 78% of Medicaid recipients felt they “were always or usually able to see a specialist”.

Figure #8 CAHPS Rating of Personal Doctor

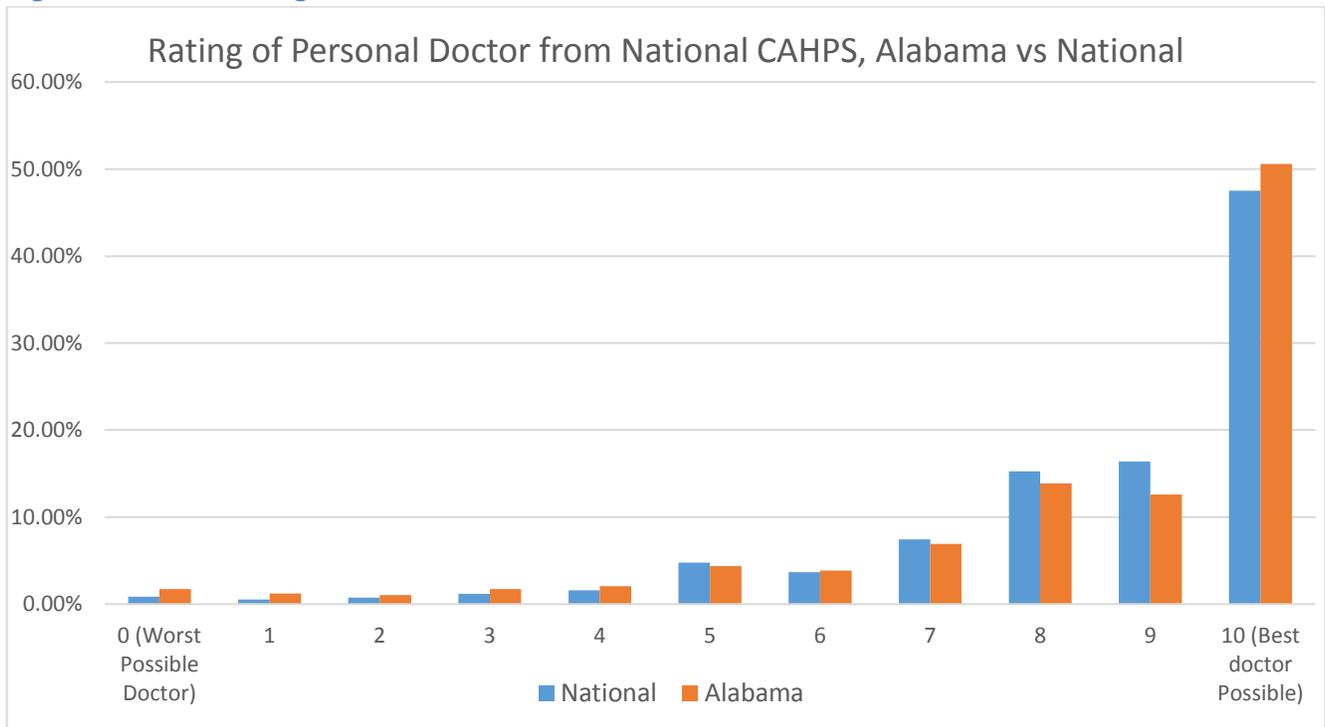


Figure #8 shows the average score for a personal physician of 8.4 for a Medicaid recipient was similar to the national average (8.5).

Comparison of Medicaid Rate to Medicare and Private Payer

Medicaid reimbursement continues to be based on a [fee schedule](#).

- Qualifying³ primary care physicians' are 100% of the 2013 Medicare rate for certain evaluation and management procedure codes and vaccine for children (VFC) administration codes.
- Other physicians are approximately 75% of Medicare rates.
- Teaching physicians' are defined as doctors of medicine or osteopathy employed by or under contract with (a) a medical school that is part of the public university system (The University of Alabama at Birmingham and The University of South Alabama) or (b) a children's hospital healthcare system which meets the criteria and receives funding under Section 340E (a) of the U.S. Public Health Service Act (42 USC 256e), and which operates and maintains a state license for specialty pediatric beds received an enhanced rate based on annual determined commercial rates. Based on the average commercial rate demonstration results, the rates for the teaching physicians calculated percentage is noted as 158.43% of the Medicare rate effective for the calendar year 2015.
- Physician assistants, certified registered nurse practitioners, and certified registered nurse anesthetists generally receive 80% of the maximum allowable rate paid to physicians.

Medicaid continued the Physician Primary Care Enhanced Rates ("Bump") program throughout fiscal year 2015 to qualifying³ primary care physicians and general practitioners.

³. As defined by 42 C.F.R. Pts. 438, 441, and 447, interpreted by Centers for Medicare and Medicaid (CMS) guidance and consistent with the Alabama State Plan.

Figure #10 Medicaid Regular Rate Comparison to Medicare and Private Payer

CPT	Description	DEF Medicaid	Non Facility Medicare Rate (B)	% Difference (B - A) / B	Private (USA) (C)	% Difference (C - A) / C
99214	OFFICE/OUTPATIENT VISIT EST	\$67.00	\$101.12	34	\$95.37	30
99283	EMERGENCY DEPT VISIT	\$42.00	\$59.72	30	\$74.07	43
99285	EMERGENCY DEPT VISIT	\$104.00	\$167.93	38	\$185.12	44
99213	OFFICE/OUTPATIENT VISIT EST	\$42.00	\$67.99	38	\$62.75	33
99284	EMERGENCY DEPT VISIT	\$66.00	\$113.56	42	\$124.86	47
99282	EMERGENCY DEPT VISIT	\$21.00	\$39.65	47	\$44.39	53
Total Average Comparison		\$57.00	\$91.66	38	\$97.76	42

Figure #11 Medicaid Primary Care Rate Comparison to Medicare and Private Payer

CPT	Description	PTF Medicaid Rate (A)	Non Facility Medicare Rate (B)	% Difference (B - A) / B	Private (USA) (C)	% Difference (C - A) / C
99214	OFFICE/OUTPATIENT VISIT EST	\$145.60	\$101.12	(44)	\$95.37	(53)
99283	EMERGENCY DEPT VISIT	\$87.78	\$59.72	(47)	\$74.07	(19)
99285	EMERGENCY DEPT VISIT	\$242.68	\$167.93	(45)	\$185.12	(31)
99213	OFFICE/OUTPATIENT VISIT EST	\$97.98	\$67.99	(44)	\$62.75	(56)
99284	EMERGENCY DEPT VISIT	\$165.22	\$113.56	(45)	\$124.86	(32)
99282	EMERGENCY DEPT VISIT	\$57.93	\$39.65	(46)	\$44.39	(30)
Total Average Comparison		\$132.87	\$91.66	(45)	\$97.76	(36)

Figure #12 Top Ten Physician Specialties and Unique Recipients

Provider Specialty	Number of Recipients
General Practitioner	360,210
Pediatrician	299,131
Emergency Medicine	257,310
Anesthesiologist	79,200
Obstetrics/Gynecology	61,827
Cardiovascular Surgeon	56,582
Allergist	50,658
Orthopedic Surgeon	44,803
General Surgeon	39,201
Neonatologist	12,776

Review Analysis of Primary Care Services

Definition of Service

Primary care is generally the entry point of care for a Medicaid recipient. For purposes of the plan, primary care includes: physicians with a specialty in Family Medicine, Internal Medicine, Pediatric Medicine, General Practice, Obstetrics and Gynecology (OB/GYN). The plan also classifies as primary care: Dentists, Federally Qualified Health Care (FQHC) Centers, and Rural Health Clinics (RHC). Primary care addresses a large portion of individual health care needs such as routine care, vaccines, and management of chronic diseases.

Dental services are any diagnostic, preventive, or corrective procedures administered by or under the direct supervision of a licensed dentist. Such services include treatment of the teeth and the associated structures of the oral cavity, and of disease, injury, or impairment, which may affect the oral or general health of the individual.

FQHCs are health care centers that meet one of the following requirements:

- Receiving a grant under Section 329, 330, 340, or 340A of the Public Health Services Act
- Receiving such a grant as determined by the Secretary based on the recommendations of the Health Resources and Services Administration within the Public Health Service
- Qualifying through waivers of the requirements described above as determined by the secretary for good cause
- Functioning as outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-determination Act

RHCs are defined as clinics located in a rural area designated by the Bureau of Census as non-urbanized and medically under-served. RHCs are designed to meet the needs of those recipients who might otherwise be unable to access medical attention.

Availability of Primary Care Providers

For purposes of the plan, Medicaid has identified a target threshold of at least 1.5 primary care providers / 1,000 recipients. When counting providers, Medicaid used the provider's NPI and geographic location. Providers performing less than \$5,000 were excluded from the total count.

In calendar year 2015, Medicaid exceeded this threshold with a ratio of 4.78 providers /1,000 recipients, based on a total count of 3,965.

Geographic Distribution of Primary Care Providers

Medicaid measures the percentage of recipients who have at least two (2) providers within 50 miles of their home. Medicaid has identified a threshold of 90%, due to Alabama's rural population. 97.7% of Medicaid recipients have at least 2 primary care providers within 50 miles of their home.

Provider Feedback Mechanisms

No comments received during the public comment period.

Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payer

Please refer back to Figure #10 and #11 for Medicaid rates to primary care physicians as well as physician specialists for procedure codes such as evaluation and management (E&M) procedure codes.

Review Analysis of Physician Specialists

Definition of service

Physician specialists provide treatment for a specific condition, chronic illness, or acute event. Medicaid requires recipients to be referred by a primary care physician. For purposes of the plan, physician specialists include: Allergist, Anesthesiologist, Cardiologist, Cardiac Surgeon, Gastroenterologist, General Surgeon, Neurologist, Oncologist, Ophthalmologist, Optometrist, Orthopedic Surgeon, Psychiatrist, Pulmonologist, Radiologist, and Urologist

Availability of physician specialists

For purposes of the plan, Medicaid has identified a target threshold of at least 0.2 specialists / 1,000 recipients. When counting providers, Medicaid used the provider's NPI and geographic location. Providers performing less than \$5,000 were excluded from the total count.

In calendar year 2015, Medicaid exceeded this threshold for most specialties illustrated in Figure #13. Note that specialties not meeting the threshold are highlighted in red. These deficiencies are not considered to be acute but will be addressed later in a monitoring plan.

Figure #13 Calendar Year 2015 Provider Ratio/1,000 Recipients

Provider Specialty	Ratio per 1,000
Allergist	0.21
Anesthesiologist	0.45
Cardiologist	0.13
CDV Surgeon	0.34
Gastroenterologist	0.19
General Surgeon	0.41
Neurologist	0.21
Oncologist	0.14
Ophthalmologist	0.21
Optometrist	0.44
Orthopedic Surgeon	0.32
Psychiatrist	0.20
Pulmonologist	0.16
Radiologist	0.49
Urologist	0.13

Geographic Distribution of Physician Specialist

Medicaid measures the percentage of recipients who have at least two (2) providers within 50 miles of their home. Medicaid has identified a threshold of 90%, due to Alabama’s rural population. Refer to Figure #14 below for the ratios by specialty. An illustrative map that highlights geographic access to Pulmonologists has been included.

Figure #14 Physician Specialist by Geographic Location



Provider Feedback Mechanisms

No comments received during the public comment period.

Comparison Analysis of Medicaid Payment Rates to Medicare and Other Payers

Please refer back to Figure #10 and #11 for Medicaid rates to primary care physicians as well as physician specialists for procedure codes such as evaluation and management (E&M) procedure codes.

Review Analysis of Behavioral Health Services

Definition of Service

Rehabilitative services are specialized medical services delivered by uniquely qualified practitioners designed to treat or rehabilitate persons with mental illness, substance abuse, or co-occurring mental

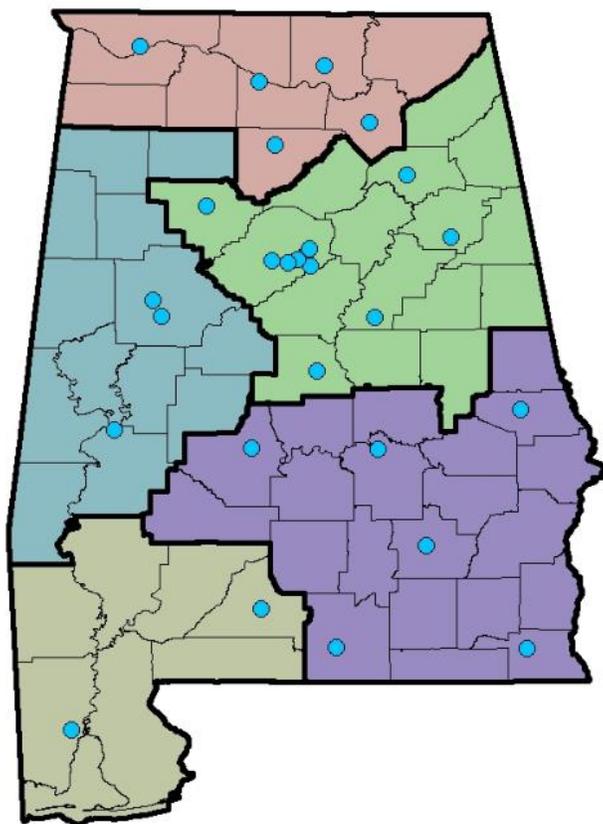
illness and substance abuse diagnoses. These services are provided to recipients on the basis of medical necessity.

Direct services may be provided in the client's home, a supervised living situation, or organized community settings, such as community mental health centers (CMHC), public health clinics, nursing homes, etc. Direct services can be provided in any setting, except in licensed hospital beds, that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

Availability of Behavioral Health Services

Medicaid reimburses the Department of Mental Health (DMH) for Mental Health Rehabilitative Services to children with Serious Emotional Disturbances (SED) and adults with Serious Mental Illness (SMI). During fiscal year 2015 there are 26 community mental health centers. Expenditures for fiscal year 2015 were \$103 million.

Figure #15 DMH Community Mental Health Centers by Region in Alabama



Substance abuse is reimbursable by Medicaid DMH for services provided to treat adolescents and adults who have alcohol and drug use disorders. In fiscal year 2015, 5,002 recipients received substance abuse rehabilitation services. DMH has 46 substance abuse treatment providers approved to provide Medicaid rehabilitation services. Expenditures for fiscal year 2015 were \$6.6 million.

Medicaid will continue to work with DMH to gather data over the coming months and years to monitor access to care for these individuals. Please refer to Figure #13 regarding Calendar Year 2015 Provider Ratio/1,000 Recipients to see Psychiatrist ratio as part of the plan.

Provider Feedback Mechanisms

No comments received during the public comment period.

Comparison Analysis of Medicaid Payment Rates to Medicare and Private Payers

Figure # 16 Medicaid Rate Comparison to Medicare and Private Payer

CPT	Description	Medicaid Rate (A)	Medicare Rate (B)	% Difference (B - A) / B	Private (C)	% Difference (C - A) / C
96372	THER/PROPH/DIAG INJ SC/IM	\$10.00	\$23.09	57	\$24.39	59
90846	FAMILY PSYTX W/O PATIENT	\$58.00	\$100.01	42	\$120.06	52
90847	FAMILY PSYTX W/PATIENT	\$84.00	\$104.02	19	\$145.51	42
90849	MULTIPLE FAMILY GROUP PSYTX	\$27.00	\$33.47	19	\$51.93	48
90853	GROUP PSYCHOTHERAPY	\$23.00	\$25.02	8	\$45.92	50
96101	PSYCHO TESTING BY PSYCH/PHYS	\$61.98	\$77.95	20	\$143.40	57
96102	PSYCHO TESTING BY TECHNICIAN	\$26.99	\$58.45	54	\$106.05	75
96103	PSYCHO TESTING ADMIN BY COMP	\$17.79	\$26.18	32	\$85.37	79
Total Average Comparison		\$38.60	\$56.02	31	\$90.33	57

Review Analysis of Pre- and Post-Natal Obstetric Services

The Medicaid Maternity Care Program is designed to ensure that every pregnant woman has access to medical care, with the goal of lowering Alabama's infant mortality rate and improving maternal and infant health.

72% of Medicaid recipients receive pre- and post-natal obstetric services through a capitated managed care arrangement, including the costs associated with labor and delivery. Because these services are not paid through FFS during fiscal year 2015, we are not including a review analysis of pre-and post-natal obstetric services as part of this access review monitoring plan submission.

20% of Medicaid recipients receive pre- and post-natal obstetric services through FFS during fiscal year 2015. Medicaid has a partnership with the University of Alabama Birmingham and University of South Alabama and physicians through this arrangement receive an enhanced teaching physician rates. Medicaid feels through the partnership adequate access is being met for these individuals.

The remaining 8% of Medicaid recipients have been identified as receiving emergency-only services.

Availability of Pre- and Post-Natal Obstetric Services

An online suite of options can be found on the Medicaid website at www.medicaid.alabama.gov. Providers as well as recipients have access to [recipient contact information](#), Alabama Perinatal Excellence Collaborative (APEC), manuals, guidelines and forms, educational resources, and checklists for maternity care.

Provider Feedback Mechanisms

No comments received during the public comment period.

Comparison Analysis of Medicaid Payment Rates to Medicare and Private Payers

Please refer back to Figure #10 and #11 for Medicaid rates to primary care physicians as well as physician specialists for procedure codes such as evaluation and management (E&M) procedure codes.

Review Analysis of Home Health Services

Definition of Service

Home health services are available to all Medicaid eligible persons of any age, who meet the admission criteria, based on a reasonable expectation that a patient's medical, nursing, and social needs can adequately be met in the patient's home. To be eligible for home health services, a recipient must meet the following criteria:

- The recipient's illness, injury, or disability prevents the recipient from going to a physician's office, clinic, or other outpatient setting for required treatment; as a result, he or she would, in all probability, have to be admitted to the hospital or nursing home because of complications arising from lack of treatment.
- The recipient is unable to function without the aid of supportive devices, such as crutches, a cane, wheelchair or walker; requires the use of special transportation or the assistance of another person.
- During the timeframe of the plan, the patient's attending physician must certify the need for home health services and provide written documentation to the home health provider regarding the recipient's condition which justify that the patient meets home health criteria. The physician must re-certify care every 60 days if home services continue to be necessary. The attending physician must be a licensed, active Medicaid provider.

Availability of Home Health Services

The Alabama Department of Public Health (ADPH) provides home health services to recipients in all sixty-seven (67) Alabama counties. This accounts for 92% of home health services to Medicaid recipients. Covered services include restorative, preventive, maintenance and supportive care provided by a registered nurse, licensed practical nurse, home health aide or orderly. Some physical, occupational, and speech therapies are covered for children under the age of twenty-one (21). Medicaid expenditures for fiscal year 2015 were \$33 million.

Further data will be gathered during the public comment period from ADPH as they are the administering department.

Provider Feedback Mechanisms

No comments received during the public comment period.

Comparison Analysis of Rates for Home Health Services for Medicaid, Medicare and Other States

Figure # 17 Medicaid Rate for Private Comparison to Medicare and Other States

CPT	Description	Medicaid (Pvt) Rate (A)	Medicare Rate (B)	% Difference (B - A) / B	State 1 (C)	% Difference (C - A) / C	Sate 2 (D)	% Difference (D - A) / D	State 3 (E)	% Difference (E - A) / E
G0156 / S9122	Home Health Aide	\$27.00	\$60.87	56	\$25.26	(7)	\$72.00	63	N/A	N/A
G0162 / S9123	Skilled Nursing (RN)	\$27.00	\$248.42	89	\$51.36	47	\$72.00	63	\$32.09	16
S9124	Skilled Nursing (LPN)	\$27.00	N/A	N/A	\$38.15	29	\$72.00	63	\$30.20	11
Total Average Comparison		\$27.00	\$154.65	83	\$38.26	29	\$72.00	63	\$31.15	13

Figure # 18 Medicaid Rate for ADPH Comparison to Medicare and Other States

CPT	Description	Medicaid(ADPH) Rate (A)	Medicare Rate (B)	% Difference (B - A) / B	State 1 (C)	% Difference (C - A) / C	State 2 (D)	% Difference (D - A) / D	State 3 (E)	% Difference (E - A) / E
G0156 / S9122	Home Health Aide	\$110.00	\$60.87	(81)	\$25.26	(335)	\$72.00	(53)	N/A	N/A
G0162 / S9123	Skilled Nursing (RN)	\$259.50	\$248.42	(4)	\$51.36	(405)	\$72.00	(260)	\$32.09	(709)
S9124	Skilled Nursing (LPN)	\$259.50	N/A	N/A	\$38.15	(580)	\$72.00	(260)	\$30.20	(759)
Total Average Comparison		\$209.67	\$154.65	(36)	\$38.26	(448)	\$72.00	(191)	\$31.15	(573)

Summary

For the most part, access to care is adequate for primary care services, behavioral health, home health, or pre- and post-natal obstetric services. The services provided by these providers remain crucial and will continue to be monitored closely. The data shows that recipients receiving services are able to access providers in Alabama. For services administered by other state departments, Medicaid will continue in the coming months and years to monitor access and gather additional data as necessary.

As a result of this review, Medicaid recognizes the physician specialists below are areas that need to be examined and monitored over coming months and years. While not considered acute access issues, the recipient access to these specialists do not meet standards identified in the plan.

Future Monitoring

Potential Issues Identified Through the Plan

Cardiologist
Gastroenterologist
Oncologist
Pulmonologist
Urologist

Additional Data Gathering

As part of regular activities, policy and procedures, Medicaid will gather additional data to determine how serious the access is for Medicaid recipients.

Medicaid Internal Review of Data

An in-depth examination of the data will be verified to determine whether or not a true deficiency exist including:

- Contracting with the University of Alabama to examine claims data for utilization needs and trends
- Monitoring provider enrollment data
- Examining care coordination for possible improvements
- Conducting recipient CAHPS surveys
- Exploring financial incentives

Recommendation and Final Determination Made

Depending on outcome, Medicaid will validate an issue with the access to care for provider specialties listed above.

CMS Notification

Once confirmed, Medicaid will send notification to CMS within ninety (90) days.

Action Plan

The action plan will progress over the next couple of years and will include specific steps and a timeline to ensure that Medicaid recipients are able to have adequate access to physician specialists.

Public Comment Notice

Alabama Medicaid Agency



ROBERT BENTLEY
Governor

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Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504

PUBLIC NOTICE



STEPHANIE MCGEE AZAR
Commissioner

SUBJECT: **Draft Access Monitoring Review Plan**

The Alabama Medicaid Agency (“Medicaid”) is seeking comments regarding the Draft Access Monitoring Review Plan (“the plan”) as required with 42 C.F.R § 447.203.

The primary focus of the plan is to review which enrollee needs are met, availability of care and providers, changes in beneficiary utilization, comparisons between Medicaid rates and rates paid by other public and private payers.

The plan outlines the processes used to monitor and respond to access issues for the five services listed below:

- Primary care, Dentistry, FQHC
- Physician specialists
- Behavioral health
- Pre-and post-natal obstetrics (including labor and delivery)
- Home health services

The plan is now available for you to review at www.medicaid.alabama.gov. **The 30-day public comment period will be from August 24, 2016 through September 26, 2016.**

Written comments concerning the plan are welcome and should be sent to the address below:

*Alabama Medicaid Agency
Attention: Beverly Churchwell
501 Dexter Avenue, P. O. Box 5624
Montgomery, Alabama 36103-5624*

If you prefer to send your comments electronically, please email them directly to beverly.churchwell@medicaid.alabama.gov.

For further information regarding Access Monitoring to Care, please go to <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/access-to-care/access.html>.

Recommendations and Input from Providers, Recipients, General Public

As we mention earlier in the plan, Medicaid developed the plan during the months of January through August 2016 and posted on the state Medicaid agency's website from August 24, 2016 through September 26, 2016 to allow for public review and comment. Furthermore, an overview of the plan was presented to the Medical Care Advisory Committee during the August 24, 2016 meeting.

There have been no adverse comments received from providers, recipients, or general public.

Medicaid did receive one comment about non-coverage of preventive dental services for adults. While, Medicaid realizes the importance of oral health for Medicaid maternity recipients as well as other adults, we do not recognize optional services as a requirement for the plan. Medicaid will continue a close partnership with the Medicaid Dental Task Force, ADPH, Alabama Oral Health Coalition, and Alabama Dental Association to ensure that we are providing the best oral health services within federal and state policy.